

REPORTS INVENTORY						CONTROL NO. DDS/OL/PD-15	
<b>PREPARE IN DUPLICATE</b>							
1. TITLE OF REPORT (If a fill-in report include Form No.)  Weekly Activity					2. TYPE OF REPORT		<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA	<input type="checkbox"/> PERSONNEL		<input type="checkbox"/> TRAINING		ADMIN. GENERAL OTHER (specify)		
	<input checked="" type="checkbox"/> LOGISTICS		<input type="checkbox"/> SECURITY				
	<input type="checkbox"/> MEDICAL		<input type="checkbox"/> FINANCE				
4. NO. OF COPIES PREPARED  5 copies		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Weekly			6. DISTRIBUTION (No. of components not number of copies) 2-D/L 1-OL/PMS, 1-OL/PS 1-OL/PD		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report)  Sections or Branches submit report to Chief, Procurement Division, which is reviewed and report prepared to the D/L.				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)  four - see descriptions attached			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-5	3.57		1/2		1.78		52 92.56
GS-6			40 min.		2.55		52 132.60
GS-8.4	4.74		1		4.74		52 246.48 *
GS-13.4	8.86		3		26.58		52 1,382.16 *
GS-13.4	8.86		1/6		1.44		52 74.88
GS-14			2-1/6		21.84		52 1,135.68
GS-15			1 hr. 40 min.		20.23		52 1,051.96
GS-16.5	14.46		1/4		3.61		52 187.72 *
B. COSTS OF COMPUTER PRODUCED REPORTS							
* Time spent in reviewing feeder reports, gathering supplemental information, and preparing brief in desired format.							
TOTAL COSTS PER YEAR						\$ 4,304.04	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  Serves to advise the Chief of the Division, and selectively, the Director of Logistics, of significant happenings or accomplishments and to document progress on other events of interest.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY  9-22-70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION  Approved For Release 2006/11/13 : CIA-RDP75-00399R000100130169-7					18. EXTENSION

REPORTS INVENTORY						CONTROL NO. feeder report for DDS/OL/PD-15	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT	
Weekly Activity						STATISTICAL	
						<input checked="" type="checkbox"/> NARRATIVE	
						MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL		<input type="checkbox"/> TRAINING		ADMIN. GENERAL	
		<input checked="" type="checkbox"/> LOGISTICS		<input type="checkbox"/> SECURITY		OTHER (specify)	
		<input type="checkbox"/> MEDICAL		<input type="checkbox"/> FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
Orig &2		Weekly			C/PD		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memorandum		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			D/L Requirement		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
OL/PD/CAS							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-5	3.57		1/2 hr.		1.78		52 92.56
GS-14	10.07		2 hrs.		20.14		52 1,047.28
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						1,139.74	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS     DOLLARS	
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE						STAT	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
22 Sept. 1970		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100130169-7					

Classification

<b>REPORTS INVENTORY</b>						CONTROL NO. feeder report for DDS/OL/PD-15	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) Weekly Activity Report						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA <input checked="" type="checkbox"/> PERSONNEL <input checked="" type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		<input type="checkbox"/> ADMIN. GENERAL <input type="checkbox"/> OTHER (specify)			
4. NO. OF COPIES PREPARED Orig. & 1 & copy for ea. cont. jacket		5. FREQUENCY (weekly, monthly, quarterly, etc.) Weekly		6. DISTRIBUTION (No. of components not number of copies) C/PD & originating office			
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.		9. DIRECTIVE AUTHORITY REQUIRING REPORT D/L Requirement			
10. PREPARING COMPONENT (include lowest level contributing information to report) ICS/PD/OL				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
<b>12. COST FACTORS</b>							
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-6	\$ 3.86	1/2 hour		\$ 1.93	52		\$100.36
GS-15	\$12.10	1-1/2 hr.		\$18.15	52		\$943.80
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>							
TOTAL COSTS PER YEAR						\$1,044.16	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
<b>14. FUTURE GOALS</b>							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS	
STAT						STAT	
16. DATE OF INVENTORY 22 Sept. 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
Approved For Release 2006/11/13 : CIA-RDP75-00399R000100130169-7							

REPORTS INVENTORY						CONTROL NO. feeder report for DDS/OL/PD-15	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.)  Weekly Activity					2. TYPE OF REPORT		STATISTICAL <input checked="" type="checkbox"/> NARRATIVE MACHINE-NAME LISTING
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input checked="" type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED  Orig. & 1		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Weekly			6. DISTRIBUTION (No. of components not number of copies)  C/PD and OL/PD/GPS		
7. FORMAT (memorandum, form computer print-out, etc.)  Memorandum <i>or oral</i>		8. ADP PROCESSING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.			9. DIRECTIVE AUTHORITY REQUIRING REPORT  D/L Requirement		
10. PREPARING COMPONENT (include lowest level contributing information to report)  OL/PD/GPB OL/PD/GPS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-13/4	8.86		10 min.		1.44		52 74.88
GS-15/5	12.47		10 min.		2.08		52 108.16
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
183.04							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE <input type="checkbox"/> OTHER (explain) STAT						MAN-HOURS DOLLARS STAT	
16. DATE OF INVENTORY  9/21/70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION  Approved For Release 2006/11/13 : CIA-RDP75-00399R000100130169-7				18. EXTENSION	

REPORTS INVENTORY					CONTROL NO. feeder report for	
PREPARE IN DUPLICATE					DDS/OL/PD-15	
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT	
Weekly Activity					<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input type="checkbox"/> PERSONNEL <input checked="" type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE <input type="checkbox"/> ADMIN. GENERAL <input type="checkbox"/> OTHER (specify)		
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)		
Orig & 1		Weekly		C/PD		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memorandum		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.		D/L Requirement		
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
OL/PD/GPB/CPS						
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	
				X	TIMES PREPARED	
				=	COST PER YEAR	
GS-14	10.21		1/6		7.70	
GS-6	3.74		1/6		.62	
					52	
					52	
					88.40	
					32.24	
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR					120.64	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE <input type="checkbox"/> OTHER (explain)					MAN-HOURS DOLLARS	
STAT					STAT	
16. DATE OF INVENTORY		17.		18. EXTENSION		
STAT		STAT		STAT		